

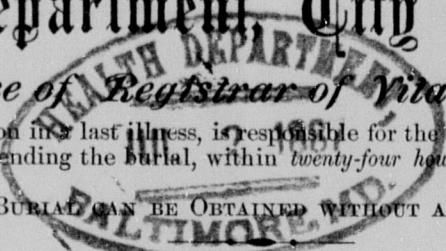
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 821 Office of Registrar of Vital Statistics. Ward 3<sup>rd</sup>

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

July 1st 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Catherine Prisbie

Sex, Male or Female, { Cross out the word not required in this line.

Female

Age, 86 Years, 8 Months, 7 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Widow

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Baltimore, Md.

Duration of Residence in the City of Baltimore,

life-time.

Place of Death, { Give Street and Number.

1714 Gough St.,

Cause of Death, { First (Primary),  
Second (Immediate),

Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 3rd 1887

DW Cattell

M. D.

{ Undertaker, Lemmy Mitchell

Medical Attendant.

{ Place of Business, 208 S Broadway Address,

4 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 822 Office of Registrar of Vital Statistics. Ward 16<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. B

Date of Death, July 1, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } J. J. Banks

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 25 Months, 7 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All of life

Place of Death, { Give Street and Number. } 553 Welcome Alley

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum  
Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 2, 1887

Undertaker, S. W. Chase

Place of Business, 641 Howard St.

C. S. Boozie

M. D.

Medical Attendant.

Address, 617 Shady St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.  
Office of Registrar of Vital Statistics. Ward 17<sup>5</sup>

Permit No. A 823

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line.

Age, Years 11 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation, Doctor

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number.

Cause of Death, { First (Primary),  
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 24 1881

{ Undertaker, Mercedes Ross

{ Place of Business, 404 Conway Address, 617 Sharp St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. A 824 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 7 Months, 3 Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary),  
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 3 1887

{ Undertaker, Chas. C. Clark }

{ Place of Business, 715 E. Fayette }

July 7 1887

John W. Meissner

White

Baltimore MD

Lifetim

113 East Broad St

Cholera Infantum

Convulsions

25 Hours

H. B. Hobler

M. D.

Medical Attendant.

Address, 301 Warren Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department City of Baltimore.

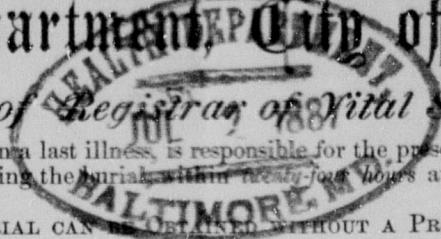
Permit No. A 825

Office of Registrar of Vital Statistics.

Ward 10<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

July 1st 87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Oda Williams

Female

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 6 Months, Days.

Color, African

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Baltimore, Md

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

2 1/2 yrs

Duration of Residence in the City of Baltimore,

# 4 Forney St.

Place of Death, { Give Street and Number. }

Ridder

Cause of Death, { First (Primary), Second (Immediate), }

6 mos

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

J. Remington M. D.

Date of Burial, July 2nd 1887

Medical Attendant.

Undertaker, Mr. W. Bishop

Address, 406 W. Mulberry St.

Place of Business, 97 South Hill

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 826 Office of Registrar of Vital Statistics. Ward 9½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. D

Date of Death,

July 2, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Felix Williams

Sex, Male or Female, { Cross out the word not } required in this line.

Age, Years, 3 Months, — Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not } required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

317 St Paul St

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary),  
Second (Immediate), }

Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 2, 1887

{ Undertaker, Geo. Riveday

{ Place of Business, Health office Address, 605 St Paul

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 827

Office of Registrar of Vital Statistics.

Ward 107<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 30. 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mollie Sauer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, 11 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1120 S Charles

Cause of Death, { First (Primary), Cholera Infestation  
Second (Immediate), }

Duration of Last Sickness, 3 day

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, July 2<sup>nd</sup> 1889

{ Undertaker, Daniel Flynn } Leonard Corke M. D.

{ Place of Business, 42. E. West St. } Address, 578 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 828

Office of Registrar of Vital Statistics.

Ward 9<sup>11</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

*July 1st 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

*Charles Sears*

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days

Color,

*Indigo*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

*Worley & SC*

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

*2 months*

Duration of Residence in the City of Baltimore,

*11 PINE ST*

Place of Death, { Give Street and Number. }

*11 PINE ST*

Cause of Death, { First (Primary), }

*Cardiac Insufficiency*

Second (Immediate),

Duration of Last Sickness,

*4 days*

All the above information should be furnished by the Physician.

Place of Burial, *New Cathedral Cemetery*

Date of Burial, *July 2<sup>nd</sup> 1887*

*Not C*

M. D.

Medical Attendant.

{ Undertaker, *Henry or Jenkins & Sons*

{ Place of Business,  *Park & Joralema st* Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 829

Office of Registrar of Vital Statistics.

Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

Date of Death, July 1<sup>st</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Theodosia Forster

Sex, Male or Female, { Cross out the word not required in this line. }

Age, about 45 Years, Months, Days

Color, red

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 227 Chestnut 3/2

Cause of Death, { First (Primary), Heart disease  
Second (Immediate), Dropsy }

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemt.

Date of Burial, July 3<sup>rd</sup> 1887

{ Undertaker, Lee. Ricehart E. C. Baldwin M. D.

Medical Attendant.

{ Place of Business, Health Office Address, 1240 Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 830

Office of Registrar of Vital Statistics.

Ward 6<sup>44</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 1<sup>st</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Frederick Lubent Grubert

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 7 Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none Brethrens M.D.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Lithuania

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1538 N Gay Street

Cause of Death, { First (Primary), Second (Immediate), } Acute Meningitis -

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters cem

Date of Burial, July 3<sup>rd</sup> 1887

Undertaker, H. Landau & Son

Place of Business, 1710 Canton. Address, 1429 N Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]